



Monteverde, Costa Rica
Tel. (506) 2645-5641 Fax (506) 2645-6849
www.hotelcaminoverde.com

Date: ___ / ___ / ___

B&B Reservation & Credit Card Charge Authorization Form

TO GUARANTEE RESERVATIONS PLEASE PRINT THE FOLOWING FORM, COMPLETE AND SEND BY EMAIL TO: jose.retana@hotelcaminoverde.com or info@hotelcaminoverde.com

Hotel Reservation at Camino Verde B&B

Arrival (date): ___/___/___ Departure (date): ___/___/___ #Nights TOTAL COST \$
dd/mm/yy dd/mm/yy

Please fill in the information for the type & number of rooms you desire.

Single Room: \$25 | Double Room: \$35 | Triple Room: \$45 | Quadruple: \$55
Twin or Doble

Number of Rooms: Number of Rooms: Number of Rooms: Number of Rooms:

Credit Card Charge Authorization

Card Number: _____ Expiration Date: _____

Name on Credit Card: _____

Master Card () Visa () Telephone # _____

City: _____ State or Province: _____

E-mail: _____

I _____ AUTHORIZE CRGIRAS.COM S.A (CAMINOVERDE B&B) TO CHARGE MY CREDIT CARD THE TOTAL AMOUNT OF ROOM(S) I RESERVED ABOVE. IN CASE OF NON ARRIVAL REFUNDS DO NOT APPLY. CANCELATIONS DONE 1 WEEK PRIOR TO ARRIVAL WILL BE REFUNDED 50 % OF THE TOTAL COST. I AGREE TO THE ABOVE TERMS.

Name _____ Signature _____

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